Docket No.:

## APPLICATION FOR UNITED STATES PATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if

plural inventor INTERNAL	s are named below) of COMBUSTION E	the subject matter which is cland CONTROL	nimed and for which a p METHOD OF THE	patent is sought on the inve	ntion entitled:
	claimed in the specifica				
Check one					
*a.	attached hereto.				
ь.	filed on	as Applie	ation No	and amended on _	(if applicable).
1 her	reby state that I have :	reviewed and understand the	contents of the above-	identified specification, in	cluding the claims, as
amended by an	y amendment referred	to above.			
	- ,	disclose to the Office all infor	nation known to me to	be material to patentability	as defined in Title 37.
Code of Federa	al Regulations, §1.56.				
		e §119, the priority benefits of the state o		application(s) and/or Un	ted States provisional
Japanese Pate	nt Application No. 20	00-225923 filed July 26, 200	0		
of America ei	her (a) more than on	s) for patent or inventor's certife year prior to this applicatiovisional application(s):			~
	all business in the Pate	es A. Oliff, Reg. No. 27,075;	William P. Berridge, F	Reg. No. 30,024;	secute this application
		M. Hudson, Reg. No. 27,562		•	
		ird P. Walker, Reg. No. 31,4 Costantino, Reg. No. 33,565;		•	
	Maio A. C	.03ammo, reg. 110. 35,505,	and Caronic D. Deibi	15014, Reg. 1101 54,4541	
		ONNECTION WITH THIS PRIA, VIRGINIA 22320, TE			JFF & BERRIDGE,
knowledge are with the knowle	true and that all statemedge that willful false s	reviewed and understand the cents made on information and statements and the like so madd that such willful false stater	belief are believed to be e are punishable by fine	true; and further that these or imprisonment, or both,	statements were made under Section 1001 of
Typewritten Full	Name			Δ.	
of First or Sole 1		Makoto			SUZUKI
- <b>,</b>	<del>-</del>	Given Name	Mid	dle Initial	Family Name
**Inventor's Signa	ature:	makoto			Lumbi
**Date of Signatu	ıre:		July 9, 200	)1	
-		Month		Day	Year
Residence:		Mishima-shi	Shizuok	· · ·	JAPAN
		City	State or P	rovince	Country

c/o TOYOTA JIDOSHA KABUSHIKI KAISHA

1, Toyota-cho, Toyota-shi, Aichi-ken, 471-8571 Japan

Citizenship:

Japanese

(Insert complete mailing address. including country)

Post Office Address:

3

<sup>\*</sup>If Box (a.) is checked. this form may be executed only when attached to the specification (including claims).

<sup>\*\*</sup>Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

## PACE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

ì	Typewritten Full Nan				
	of Second Joint Inven	itor (if any)	. Katuhiko	<del></del>	ARISAWA
			Given Name	Middle Initial	Family Name
	**Inventor's Signature	:	Katuhiko		arizawa
	**Date of Signature:	·	Jul	y 9, 2001	
			Month	Day	Year
	Residence:	Susono-s	shi	Shizuoka-ken	JAPAN
		City		State or Province	Country
	Citizenship:	Japanese			
		Post Office Address:	<b>% ТОУОТА JIDOSHA K</b>	ADUCUIVI KAICUA	
		(Insert complete mailing address,	OO TOTOTA JIDOSHA K	ADOSHIKI KAISHA	
		including country)	1, Toyota-cho, Toyota-shi,	Aichi-ken, 471-8571 Japan	
	Typewritten Full Nam	1 <i>e</i>			
	of Third Joint Invento		Masakazu		TABATA
			Given Name	Middle Initial	Family Name
	**Inventor's Signature	: 	Masahozu		taliata
	**Date of Signature:		_ July	y 9, 2001	<del>_</del>
		Month		Day	Year
	Residence:	Susono-sl	hi	Shizuoka-ken	JAPAN
		City		State or Province	Country
	Citizenship:	Japanese			r
		Post Office Address:		<del></del>	
		(Insert complete	c/o TOYOTA JIDOSHA K	ABUSHIKI KAISHA	
		mailing address. including country)			•
		-	1, Toyota-cho, Toyota-shi,	Aichi-ken, 4/1-85/1 Japan	
	Typewritten Full Nam of Fourth Joint Inven				
	oy 1 out 11. 9 out 11. 11.	( <del>y</del> <i>y)</i>			
	**Inventode Cionetum		Given Name	Middle Initial	Family Name
	**Inventor's Signature:	·	<del></del>		
	**Date of Signature:	· · · · · · · · · · · · · · · · · · ·	<del>_</del>	<del>_</del>	
			Month	Day	Year
	Residence:	•			
		City		State or Province	Country
	Citizenship:	·	·		
		Post Office Address:			
		(Insert complete mailing address,			6
		including country)			
	Typewritten Full Nam				
	of Fifth Joint Inventor				
	oj i gin joini invento	( ( <b>.y u</b> .r.y)	Given Name	Middle Initial	Family Name
	**Inventor's Signature:				<b>,</b> <del>-</del>
	**Date of Signature:	···		<del></del>	
			Month	Day	Year
	Residence:		,	·	
	City		Sta	te or Province	Country
	Citizenship:				
	-	re Address:			
		(Insert complete	<del></del>		
		mailing address,			
		including country)			

<sup>&</sup>quot;Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.